

IDENTIFICATION AND REGISTRATION VISITOR INFORMATION SHEET

INFORMATION	Last Name (Print in English):		First Name (Print in English):				Middle Name (Print in English):			
	Date of Birth:		Driver's License Number and State:				Other Names or Aliases:			
	Address:		City:				State/0	State/Country: Postal Code:		
	MSFC Point of Contact (POC):		POC's Office (Room and Building):			POC's Telephone Number:				
	Areas and Buildings to be Visited:		Duration of Visit:				Is this your first visit to a NASA Center? If "No", list other NASA locations you have visited below: Yes No			
	Vehicle Make: Vehicle Color:		Vehicle Model:							
	Vehicle Year:	Vehicle License	Plate Number: State of Issue:							
	Reason for Visit:									
QUESTIONNAIRE	Are you a U.S. Citizen: Yes (If "Yes", go to next question) No (If "No", a completed MSFC Form 4336 is required)									
	Do you hold a dual citizenship: Yes (If "Yes", also complete Additional Information Section) No (If "No", go to next question)									
	If you answer "Yes" to any of the questions below, a completed MSFC Form 4336 is required.									
	Is your company incorporated in a foreign country:									
	Is your company headquartered in a foreign country:									
	Is your parent company located outside the United States: Yes No									
ADDITIONAL INFORMATION	Dual Citizenship Foreign National Foreign Representative							sentative		
	Countries of Dual Citizenship:						Alien Registration Number:			
	Naturalization Number:		Naturalization Date:				Naturalization Location:			
	Passport Number:		Expiration Date:				Country of Issue:			
	Company Name:			Country in Which Company is Headqua						
	Company Security Representative's Name:			Company			y Security Representative's Telephone Number:			
IVC/AD50 EXCEPTIONS										
PRINT & SIGN	I understand that visiting Marshall Space Flight Center is a privilege that may be revoked, if necessary. I certify that my statements on this form are true, complete, and correct to the best of my knowledge, and are made in good faith. All badges and access cards are my responsibility to return upon the completion of my authorized visit. I understand that knowing and willful false statement on this form can be punished by fine or imprisonment or both. (See Section 1001 of Title 18, United States Code.)									
	Signature:							Date:		
I & R Comments:										